

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or DocId: Number

10/508348

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| OR  | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 30 minus 20 = | 10           |
| DEPENDENT CLAIMS  | 18 minus 3 =  | 12           |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - 9/20/04

(Column 1)

(Column 2)

(Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 30                               | Minus | 30                                 | 0             |
|             | Independent   | 15                               | Minus | 15                                 | 0             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

| RATE      | FEE  |
|-----------|------|
| BASIC FEE | 450  |
| X59       | 90   |
| X43       | 5.6  |
| +145      |      |
| TOTAL     | 1066 |

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| X518      |     |
| X86       |     |
| +290      |     |
| TOTAL     |     |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X59   |                |
| X43   |                |
| +145  |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X518  |                |
| X86   |                |
| +290  |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X59   |                |
| X43   |                |
| +145  |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X518  |                |
| X86   |                |
| +290  |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X59   |                |
| X43   |                |
| +145  |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X518  |                |
| X86   |                |
| +290  |                |
| TOTAL |                |

(Column 1)

(Column 2)

(Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 30                               | Minus | 30                                 | 0             |
|             | Independent   | 15                               | Minus | 15                                 | 0             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

(Column 1)

(Column 2)

(Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 30                               | Minus | 30                                 | 0             |
|             | Independent   | 15                               | Minus | 15                                 | 0             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
- \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.